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Meanings attributed by nurses to ensure the care of critical patients in the light of simulations' premises

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ABSTRACT

Aim: The aim of this study was to identify the feelings experienced by nurses in caring the first visit to a critical patient.
Background: Understand the ethical aspects from the first experiences in the nursing profession lead us to reflect on the teaching–learning methodologies and also their improvements.
Methods: A study with a mixed and exploratory approach was realized with the nurses.
Results: From 72 (100.0%) nurses who participated in the study, 56 (77.8%) did their first visit to critical patients in the clinical practice and did not feel prepared. The feelings mentioned were as follows: insecurity due to lack of skill, risk both to the patient and also the professional, feelings of fear, anxiety, discomfort and related aspects to ethical competence.
Conclusion: The feelings experienced by professionals led us to reflect about the function of institutions, which must have the commitment and the responsibility of providing to the society able professionals who are acting safely and with technical and scientific expertise in valuing human integrity.

1. Introduction

In the context of human relations, people's behavior is guided by standards, which are internally accepted and acknowledged. The thought that people act based on moral premises makes people accomplish actions in one way or another, leading to the understanding of ethics as a science of man's moral behavior in society (Vasquez, 2002).

Every day, the technological and scientific advances in the health area confront nurses and other health professionals with dilemmas that permeate ethics and moral (Garrafa, 1999). In this context, the ethical principles have gained strength inside teaching and health institutions, evolving toward the etymological–conceptual perspective of bioethics, which sets guidelines for human action in favor of life (Patrão Neves & Osswald, 2007).

In Brazil, according to the Federal Nursing Council (Brasil & Conselho Federal de Enfermagem, 2007), the professionals' ethical behavior involves the construction process of an individual and collective awareness, considering the social and professional commitment, in view of the accountability in the field of the work relations, with scientific and political consequences. The Council establishes that it is the professionals' duty to exert their profession with justice, commitment, equity, problem-solving ability, dignity, competence, responsibility, honesty and loyalty.

In that context, universities have increasingly reconsidered their professionals' education. For long, the educational strategies of nurses as well as other health professionals were applied to their peers or even the patients, who served as the first "object" to train interventions. It was common during undergraduate programs to train customary procedures like physical examination, or even the administration of injected drugs and/or other procedures for the first time in laboratory situations on fellow students. On the contrary, uncommon procedures, like specific care for critical patients for example, were generally accomplished directly on the patients, which not only infringed on the patients and students' right to safety, but also made many professionals feel anguished and powerless.

In that sense, Paganini and Egry (2011) report that newly graduated professionals face difficulties in thinking carefully during critical situations. Nevertheless, at the end of their education and despite the

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difficulties, they are expected to be competent to accomplish their professional procedures, which has not always been observed. On the other hand, reports of apparently insecure behaviors are common for newly graduated nurses, as well as of the need for further qualification and technical training (Vilela & Souza, 2010), revealing the need to reconsider the professionals' education.

Therefore, it is important to highlight that innovative resources have been used better. The changes in the teaching–learning paradigm have made the traditional teaching methods outdated, demanding the implementation of new pedagogical approaches. Among these, simulation has revealed to be an effective tool, as an attempt to imitate, inside the teaching laboratory, essential aspects of a clinical situation with a view to understanding and better managing the situation when it happens in professional practice. This technique uses a fully programmed and safe environment, which allows the individuals under training to experience the representation of an actual event with a view to practicing, learning, assessing, testing or further understanding systems or human actions (Martins et al., 2012; Reese, Jeffries, & Engum, 2010). Lately, emphasis has been given to the relationship between simulation in education, ethics and professional care and the importance of equipping teachers with educational practices based on ethical premises.

The use of simulation in health professionals' education allows the students to practice the skills needed in an environment with possible errors, promoting clinical reasoning and professional growth without putting patient safety at risk. This entails the interpretation that, in legal terms and non-explicitly, simulation includes the rights and fundamental guarantees of the Brazilian Federal Constitution's art. 5°, *caput*, regarding the right to freedom and the right to life of human beings, as it can reduce the risk for the patients' life through the repeated practice of the professionals' clinical experience inside the laboratory (Brasil, 1988).

Thus, simulation is a pedagogical strategy that can contribute to the educational processes of health professionals to respect the dignity of human beings and their right to non-manipulation, as established in the Universal Declaration of Human Rights and other international Human Rights documents. In practice, simulation is more humanizing for patients and students. For the former because it contributes for them not to be used as a means (on which one can train, learn to accomplish often invasive techniques) to achieve certain goals (availability of competent health professionals), first affirming that each person has an end to him/herself. For the latter because it permits safer learning, without any fear of error and, mainly, without fear of the error entailing harmful consequences directly for a person.

Simulation has shown to be an extremely important strategy for the basic and continuing education of health professionals, although the Ministry of Health and/or even Ministry of Education guidelines have not imposed it yet. As regards the ethical issues of health professionals, it can be inferred that the strategy has the power not to mold the professionals to ethical standards, but to manage ethics as a practical form of the need the professionals experience, with a view to avoiding their initial contact with patients, insecurity, or any other type of professional trauma, whether in daily professional situations or even in life-threatening ones. In that sense, it can be included as a rule in all professional education means, with different degrees of difficulty. That is not always the case though, so that the negative experiences many professionals go through are commonly identified.

In that context, the objective in this study was to identify the meanings nurses attribute to the first care delivery to critical patients and discuss it from the perspective of the use of simulation as a teaching strategy.

2. Method

This is a study with a mixed quantitative and qualitative exploratory approach, involving nurses who participated in a workshop about "*Nursing Care for Critical Patients*". In the development of the workshop, low, medium and high-fidelity teaching–learning strategies and role-play were used.

The event took place at a higher education institution. To organize the workshop and recruit participants, electronic dissemination and the distribution of flyers were used. All the nurses who attended the workshop were invited to participate in the study, regardless of the time since graduation, age and professional experience. The only inclusion criterion was to have graduated.

During the workshop, the researchers collected the data with the help of a semistructured tool elaborated by the authors. Data were collected on the subjects' characteristics (age, gender, year of graduation, length of professional experience, education, employment contract and experience with simulated teaching). At the end of the survey on the subjects' characteristics, using the same collection instrument, information was requested on the professional preparation and experience with simulated teaching and care delivery to critical patients at the start of their career.

After the collection, the data were ranked and analyzed using SPSS software version 17.0. The results were displayed in tables.

The qualitative data were analyzed using Bardin's content analysis (Bardin, 2009). Thus, the authors analyzed the answers to open questions in detail, grouped into categories considering its semantic meaning. The results were presented in tables. This study was approved under protocol number 294.206/2013 by the University of São Paulo, at Ribeirão Preto College of Nursing Ethics Committee.

3. Results

Among the 103 participants in the workshop, 72 (69.9%) nurses agreed to participate in the research. The participants' mean age was 32.6 years, ranging from 20 to 57 years.

The mean year of graduation was 2005, ranging from 1980 to 2013. As regards the years of professional experience in nursing, the mean length was 6.2 years, ranging from zero, without any experience in the area, to 30 years. The other variables: gender, age group, education, employment contract and activity area are described in Table 1.

As regards the experience with simulated teaching, 36 (50.0%) had already used this teaching strategy and 36 (50.0%) reported that *"they did not know"* it.

When asked about the first experiences in care delivery to critical patients, 56 (77.8%) nurses informed that the activity took place directly in clinical practice and that they did not feel prepared for this care; 16

Table 1
Subject characteristics regarding gender, age group, education, employment contract and activity area, Ribeirão Preto, Brazil, 2014.

	Frequency	%
Gender		
Male	11	15.3
Female	61	84.7
Age group		
≤30 years	33	45.8
31 until 40 years	29	40.2
41 until 50 years	8	11.1
>50 years	2	2.8
Education		
Lato sensu specialization	43	59.7
Master's	24	33.3
Ph.D.	6	8.3
Employment contract		
Yes	57	79.2
No	15	20.8
Activity area		
Clinical nursing	37	51.4
Nursing management	5	6.9
Teaching	15	20.8